



**Official Kennel Club Entry Form**  
**Wascana Dog Obedience Club Inc.**  
**ALL BREED, MIXED BREED AND UNRECOGNIZED BREED**  
**OBEDIENCE ENTRY FORM**



**Make cheques payable to Wascana Dog Obedience Club Inc**

Limited Entry

Saturday, March 26, 2022 Trial # 1  Sunday, March 27, 2022 Trial #3   
 Saturday, March 26, 2022 Trial #2  Sunday, March 27, 2022 Trial #4

**Entries Close: March 11, 2022 8:00 pm CST or when limit is reached**

**Entry Fees - \$ 30.00 per trial or \$110 for 4 trials (same dog)**  
 Exhibition Only per trial- \$ 8.00 Listing Fees - \$ 10.50 per trial

<b>Entry Fee \$</b>	<b>TCN Fee \$</b>	<b>Total \$</b>
<b>Total \$</b>		

BREED	VARIETY:	SEX Male <input type="checkbox"/> Female <input type="checkbox"/>
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JUMPS :Height		Width	
<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Open HB	
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open 18 A	<input type="checkbox"/> Utility A	
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open HA	<input type="checkbox"/> Utility B	
<input type="checkbox"/> Novice C	<input type="checkbox"/> Open 18 B	<input type="checkbox"/> EXHIBITION ONLY	

Registered Name: \_\_\_\_\_

**Check one ONLY**

<input type="checkbox"/> CKC Reg #	<input type="checkbox"/> CKC CCN #	Enter Number _____	Date of Birth _____
<input type="checkbox"/> CKC ERN #	<input type="checkbox"/> TCN Reg #	_____	Day _____ Month _____ Year _____
<input type="checkbox"/> CKC Misc Cert #			
<input type="checkbox"/> CKC PEN #	Place of Birth _____	Canada _____	Elsewhere _____

Breeder/s \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg Owner/s _____	CKC Membership # _____
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Owner's Address \_\_\_\_\_

City _____	Prov. _____	Postal Code _____
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Agent's Name (if any) \_\_\_\_\_

Agent's Address \_\_\_\_\_

I certify that I am the registered owner/s of this dog or that I am the authorized agent of the owner/s whose name/s are entered above and I accept full

I certify that I am the registered owner/s of this dog or that I am the authorized agent of the owner/s whose name/s are entered above and I accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I/we agree to be bound by the rules and regulations of the CKC and by any additional rules and regulations in the premium list.

IDs WILL NOT BE MAILED. Please supply email address below for entry confirmation  
 MAIL OR DROP OFF ENTRIES AT: 219 Blue Sage Drive, Moose Jaw, SK S6J 1N5

Credit card payments will go through DOGSHOW.ca  
 Visa \_\_\_ Mastercard \_\_\_ Am Express \_\_\_ Card # \_\_\_\_\_ Expiry Date \_\_\_/\_\_\_

Name of Card Holder: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF OWNER/AGENT

(\_\_\_\_) \_\_\_\_\_  
 TELEPHONE NUMBER

E-MAIL \_\_\_\_\_  
 Please Print Clearly